PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000							RD	Application or Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THA					
ТО	TAL CLAIMS		33		•			RAT	E	FEE	ıΥ	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA		•	BASIC FEE 355.00		OR	BASIC FEE	710.00	
TO	TAL CHARGEA	BLE CLAIMS	چ ا	us 20=	• [	13		X\$ 9=			OR	X\$18=	
IND	EPENDENT CL	AIMS	4 mi	nus 3 =			X40=			1	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PI	L-\\\\\\				•	<del>                                     </del>			OR		
* 16 the difference in column of the last three distances in the column of the last three distances in the column of the column								+135	=		OR	+270=	-
"	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	۱L		OR	TOTAL	
	C	LAIMS AS A (Column 1)	MENDED	(Colu	mn 2)	(Column 3)	_	SMAI	LL E	ENTITY	OR	OTHER SMALL I	
AMENDMENT A	Ŷ	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9	=	Ÿ	OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=	=		OR	X80=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	_		OR	+270=	
								TOI	ÂL			TOTAL	
(Column 1) (Column 2) (Column 3)								addit. F	EE			ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9:	=		OR	X\$18=	
AMENDM	Independent	*	Minus	***		=		X40=	.		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]	+135	$\dashv$			. 070	
								TO1			OR	+270= TOTAL	
								ADDIT. F			OR	ADDIT. FEE	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										1		
AMENDMENT C	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDI	Total	*	Minus	**		=	<b>↓  </b>	X\$ 9	-		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AIN4	=	{	X40=			OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ا ا	+135	_	-	OR	+270=	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

TOTAL ADDIT. FEE OR ADDIT.

TOTAL ADDIT. FEE OR ADDIT.

THe "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL ADDIT. FEE

DATELIT	A DDI IOATION	FEE DETERMIN	ATION DECODE
			VIII IN 65 L. L. 1911

Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALI TYPE	SMALL ENTITY TYPE		OR	OTHER SMALL			
TOTAL CLAIMS					, c		RAT	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	3 3 minus 20=		• 13		X\$ 9	=		OR	X\$18=	234
IND	EPENDENT CL	AIMS	) mir	nus 3 =	* (	• (		=		OR	X80=	80
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT			+135				+270=	U	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA			OR OR	TOTAL	1074	
CLAIMS AS AMENDED - PART II							1017	,	3	JON	OTHER	
		(Column 1)		(Colui		(Column 3)	SMA	LL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	T CL AINA	=	X40	=		OR	X80=	!
	FIRST PRESE	NTATION OF IM	JLTIPLE DEF	PINDEN	CLAIM		+135	=		OR	+270=	
							TO				TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT. F	· E E <b>E</b>		]	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	T CL AIRA	=	X40:	=		OR	X80=	
_	THOTTHESE	INTANON OF IM		LINDLIN	·		+135	=		OR	+270=	
								TAL EE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C	e e	CLAIMS REMAINING AFTER AMENDMENT	٠	NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	Ξ .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		<u> -</u>	X40:	_		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_			+270=	
•	If the entry in colu	ımn 1 is less than t	he entry in colu	ımn 2, writ	e "0" in co	olumn 3.	+135		-	OR	TOTAL	
**	If the "Highest Nu If the "Highest Nu	ımber Previously P ımber Previously F	aid For" IN THI aid For" IN THI	S SPACE IS SPACE	is less that	an 20, enter "20. an 3, enter "3."	·" ADDIT. F	EE			ADDIT. FEE	L
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Application or Docket Number